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Wendy Scott

(Typed or Printed Name of Person Mailing Paper or Fee)

Wendy Scott

(Signature of Person Mailing Paper or Fee)

Application Number : 09/550,726
Applicant : Paul A. Revis
Filed : April 17, 2000
TC/A.U. : 2178
Examiner : Ludwig, Matthew J

Confirmation Number: 1485

Docket Number : M00-031500
Customer No. : 22,835

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Technology Center 2100

M/S: Box Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir

In response to the office action of **October 27, 2003**, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 15 of this paper.



2178

CERTIFICATE OF MAILING

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(Signature of Person Mailing Paper or Fee)

PATENT APPLICATION
Attorney Docket No. M00-031500

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF

Paul A. Revis

Serial No. 09/550,726

Filing Date: April 17, 2000

Title: METHOD AND APPARATUS FOR FACILITATING
SUBSTITUTION OF DIGITAL
IMAGES WITH LINE DRAWINGS

)
) Examiner: Ludwig, Matthew J
)
) Group Art Unit: 2178

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AMENDMENT TRANSMITTAL LETTER

Mail Stop: Non-Fee Amendment
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ Response under 37 C.F.R. § 1.111 to official action mailed October 27, 2003.
- ☐ A petition for extension of time is also enclosed with a fee of \$55.00 for a one-month extension for a small entity.
- ☐ Terminal disclaimer under 37 C.F. R. § 1.321(c), including
 - ☐ check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
 - ☐ 2 certificates under 37 C.F.R. § 3.73(b).
- ☐ Information disclosure statement, form 1449 and ___ references.
- ☒ No additional claims fees are required.

[] An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$78 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

- [] A check in the amount of \$____ is enclosed.
[] Charge \$____ to Deposit Account No. ____ (Docket No. ____).
[x] Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. M00-031500).

Respectfully submitted,

By _____
Edward J. Grundler
Registration No. 47, 615

Date: November 13, 2003

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